

Miami County Health Department

Environmental Division

25 Court Street, Suite 211

Peru, IN. 46970

Phone: (765)473-0283 FAX: (765) 473-0285

FOOD ESTABLISHMENT PERMIT SIGN-OFF SHEET

This sheet must be signed by all applicable departments and returned to the Miami County Health Department at least **two working days** prior to your final health department inspection. It is your responsibility to contact the health department and the applicable building/ fire department to obtain any necessary inspections, meet any applicable requirements, and get this sheet signed by a representative. **No final inspections will be conducted and no food establishment permits will be issued until this sheet is completed.**

FOOD ESTABLISHMENT OWNER/OPERATOR

☐ New Establishment ☐ Change of Owner ☐ Remodel/Structure Change

Name of Establishment _____ Phone _____

Address _____

Mailing Address (if different from above) _____

Type of Establishment:

☐ School ☐ Tavern/Bar ☐ Restaurant

☐ Convenience Store ☐ Grocery Store/Supermarket ☐ Other

Owned By _____ Phone _____

Operated BY _____ Phone _____

FIRE DEPARTMENT STATUS

Peru Fire Department 765-472-2410

Approved by Fire Inspector _____ Date _____

Representing which Fire Department _____

Comments _____

BUILDING DEPARTMENT STATUS

Peru Building Inspector 765-473-4881 Miami County Building Inspector 765-472-3901

Inspected by Building Inspector _____ Date _____

Comments _____

LOCAL MUNICIPALITY

Peru Utilities 765-473-6681

Inspected by _____ Date _____

Comments _____

Rafik Farag, M.D.
Health Officer

<http://www.miamicountyin.gov/departments/health>